

2004

Wisconsin Facilities Serving People with Developmental Disabilities

*Bureau of Health Information and Policy
Division of Public Health
Wisconsin Department of Health and Family Services*

Wisconsin Facilities Serving People with Developmental Disabilities

2004

October 2005

*Bureau of Health Information and Policy
Division of Public Health
Wisconsin Department of Health and Family Services*

Foreword

This annual report, formerly titled *Facilities for the Developmentally Disabled*, has been re-titled *Facilities Serving People with Developmental Disabilities*. This change in wording reflects a focus on the people who are served rather than on their disabilities.

As in previous years, this report presents key statistical information about facilities serving people with developmental disabilities (FDDs) and their clients.

The source of data for most of the information in this report is the 2004 Annual Survey of Nursing Homes, which collects data on both nursing homes and FDDs. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Disability and Elder Services, Bureau of Quality Assurance; and the state's nursing home industry.

The Bureau of Health Information and Policy would like to acknowledge and thank the personnel of all Wisconsin facilities serving people with developmental disabilities who provided information about their facilities and clients.

Yiwu Zhang prepared this report. Kitty Klement, Jane Conner, LuAnn Hahn and Kim Voss implemented various aspects of data collection and editing activities. Patricia Nametz edited the report. Review and comment were provided by David Lund in the Bureau of Fee-for-Service Health Care Benefits, and Jean Kollasch in the Bureau of Quality Assurance. The report was prepared under the supervision of Judith Nugent, Chief, Health Care Information Section, and the overall direction of Susan Wood, Director, Bureau of Health Information and Policy.

A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. This report is available on the Department's Web site at <http://dhfs.wisconsin.gov/provider>. Suggestions, comments and requests for additional data may be addressed to:

Bureau of Health Information and Policy
Division of Public Health
Department of Health and Family Services
P.O. Box 2659
Madison WI 53701-2659
Telephone: (608) 267-7809
E-mail: zhangyw@dhfs.state.wi.us

Suggested citation:

Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Facilities Serving People With Developmental Disabilities, 2004* (PPH 5376-04). October 2005.

Table of Contents

Foreword	ii
Introduction	1
Key Findings	3
FDD Characteristics	
Table 1. Selected Measures of Utilization, Facilities Serving People With Developmental Disabilities (FDDs), 1999-2004.....	5
Figure 1. Number of FDD Licensed Beds and Staffed Beds, 1994-2004	6
Figure 2. Percent of FDD Licensed Beds Not Staffed, 1994-2004	6
Table 2. FDD Capacity by Ownership and Bed Size.....	7
Table 3. FDD Capacity by County.....	8
Table 4. FDD Average Per Diem Rates by Care Level and Primary Pay Source, Wisconsin, December 31, 2004	9
Table 5. Number of FDDs Providing Services to People Not Residing in the Facility, 1999-2004	10
Table 6. Frequency of Family Council Meetings by FDD Ownership Category	11
FDD Employees	
Table 7. FDD Employees.....	12
Figure 3. Nursing Staff per 100 FDD Clients, 1994-2004	13
Figure 4. Nursing Staff Turnover Rate by Facility Ownership	14
Figure 5. Nursing Staff Retention Rate by Facility Ownership	15
FDD Admissions and Discharges	
Table 8. Admissions by Level of Care, 1994-2004	16
Table 9. Admissions by Primary Pay Source, 1994-2004	17
Table 10. Admissions by Primary Pay Source and Level of Care	18
Table 11. Admissions by Age and Level of Care	19
Table 12. Admissions by Care Location Prior to Admission.....	20
Table 13. Discharge Status or Care Destination of Clients Discharged.....	21
FDD Clients	
Table 14. Age-Specific FDD Utilization Rates, 1994-2004	22
Table 15. Number of Clients by Level of Care, 1994-2004.....	23
Table 16. Number of Clients by Primary Pay Source and Level of Care	24
Table 17. Percent of Clients by Age and Primary Disabling Diagnosis	25
Table 18. Length of Stay of Clients	26
Table 19. Age of Clients	27
Figure 6. Percent of Clients by Age and Sex.....	27
Table 20. Percent of Clients by Age, 1994-2004.....	28
Table 21. Legal Status of Clients	29
Table 22. Clients with Medicaid as Primary Pay Source by Eligibility Date	30

Table 23. Use of Physical Restraints Among Clients, by Facility Ownership.....	31
Figure 7. Percent of FDDs With No Physically Restrained Clients, by Facility Ownership, December 31, 1997-2004	31
Technical Notes	33
Appendix (Survey Form)	37

Introduction

All of the information about facilities and clients in this report is derived from the 2004 Annual Survey of Nursing Homes conducted by the Wisconsin Department of Health and Family Services. Where appropriate, data from previous surveys are provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each facility reported the number of facility clients and the number of staffed beds as of December 31, 2004. Other data items, such as the number of inpatient days, were reported for all of calendar year 2004.

The Annual Survey of Nursing Homes collects data from both nursing homes and facilities serving people with developmental disabilities (FDDs). This report presents data from FDDs, defined by Wisconsin Administrative Code HFS 134.13(13). A separate publication (*Wisconsin Nursing Homes and Residents*) presents data from nursing homes. Nursing homes are defined by Wisconsin Administrative Code HFS 132.14 (1) to include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs).

In 2004, there were 31 FDDs licensed to provide services in Wisconsin under Administrative Code HFS 134. As in previous years, this report excludes information from the three State Centers serving people with developmental disabilities, because these facilities serve persons with severe disabilities and their staffing requirements are higher than other FDDs. Data on these excluded facilities can be found in the *Wisconsin Nursing Home Directory, 2004* (also prepared by the Bureau of Health Information and Policy, Department of Health and Family Services). The Directory is available online at <http://dhfs.wisconsin.gov/provider/nursinghomes.htm>.

FDDs in Wisconsin are licensed to treat clients with developmental disabilities, primarily due to mental retardation. For reimbursement purposes, clients of FDDs are assigned one of four levels of care, based on their service requirements, health needs and extent of maladaptive behavior. The DD1A care level is for clients with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable. The DD1B level is for clients with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare. Clients at the DD2 care level are adults with developmental disabilities who require active treatment with an emphasis on skills training. Clients at the DD3 level are adults with developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Key Findings

- From 1999 to 2004, there were declines in the following measures of utilization of Wisconsin facilities serving people with developmental disabilities.
 - ⇒ The number of FDDs decreased from 37 to 31 (16 percent).
 - ⇒ Total FDD clients declined 34 percent, from 1,951 to 1,282.
 - ⇒ The FDD utilization rate decreased from 0.37 to 0.23 clients per 1,000 total Wisconsin population.
 - ⇒ Inpatient days decreased 33 percent, from 0.71 million to 0.48 million.
 - ⇒ The number of admissions declined 32 percent between 1999 and 2004 (from 265 to 181), and the number of discharges and deaths decreased 19 percent (from 301 to 245).
- In contrast, percent occupancy increased from 92.1 percent in 1999 to 93.4 percent in 2004.
- From 1994 to 2004, the number of licensed beds in facilities serving people with developmental disabilities declined 46 percent.
- In 2004, the FDD occupancy rate statewide decreased from 94.2 percent to 93.4 percent.
- The number of licensed beds in Milwaukee County declined sharply (36 percent), due to the closure of an FDD. The number of licensed beds in Brown County decreased 18 percent, also due to facility closure.
- The average per diem rate in 2004 for care received by FDD clients was \$183, up 6.4 percent from \$172 in 2003 (compared to a 4 percent increase in the average per diem rate in nursing homes). The overall rate of inflation in 2004 was 2.7 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.3 percent.
- Statewide, FDDs had 1.40 FTE employees per FDD client in 2004, compared to 1.34 employees per client in 2003 and 1.26 in 2002.
- The number of FTEs in Wisconsin FDDs was down 5 percent in 2004, while the number of FDD clients as of December 31 was down 9 percent.
- In 2004, FDDs employed 65.3 FTE nursing assistants for every 100 clients (one FTE for every 1.5 clients), up from 60.1 FTEs for every 100 clients in 2003.
- The statewide turnover rate decreased in 2004 for both part-time and full-time registered nurses, as well as for full-time licensed practical nurses.
- The retention rate for both full-time and part-time RNs increased 5 percentage points.
- Admissions to FDDs decreased by 14 percent (from 211 to 181 clients) in 2004.
- Medicaid was the primary pay source for 86 percent of all FDD admissions in 2004, unchanged from 2003. In 2000, 96 percent of admissions used Medicaid as the primary pay source.
- Thirteen percent of FDD clients admitted in 2004 were 65 years of age and older, compared with 8 percent in 2003.

-
- Twenty-seven percent of FDD admissions were from another FDD or a psychiatric hospital, largely due to the closing of two FDDs in 2004. This was the second year in a row in which two FDDs closed.
 - Sixteen percent of FDD admissions in 2004 were from acute-care hospitals, compared to 11 percent in 2003.
 - Deaths constituted 21 percent of FDD discharges in 2004, compared with 27 percent in 2003.
 - The FDD utilization rate among people aged 55 to 64 declined 20 percent from 2003 to 2004.
 - From 1994 to 2004, the FDD utilization rate declined 50 percent for people aged 20-54, 56 percent for people aged 55-64, and 43 percent for people aged 65 and over.
 - The level of care distribution for FDD clients has changed over the years. In 1994, 21 percent of FDD clients on December 31 were at the DD1A level of care; at the end of 2004, 31 percent were at this level of care.
 - On December 31, 2004 Medicaid was the primary pay source for 99 percent of all FDD clients. This percent has remained stable since 1998.
 - Seventy-one percent of FDD clients in 2004 had been in the facility four years or longer, down 2 points from 2003.
 - From 1994 to 2004, the age distribution of FDD clients changed slightly, with increases of 2 to 3 percentage points in some older age groups (ages 55-64 and 75+).
 - Eighty-five percent of FDD clients with Medicaid on December 31, 2004 had been eligible at the time of admission, up from 78 percent in 2003.
 - Eight percent of FDD clients with Medicaid became eligible more than one year after admission, down from 11 percent in 2003.
 - Statewide, the percent of FDD clients on December 31 who were being physically restrained decreased from 21 percent in 2003 to 10 percent in 2004.
 - Statewide, 52 percent of FDDs reported *no* physically restrained clients on December 31, 2004, down from 55 percent in 2003.

FDD Characteristics

Table 1. Selected Measures of Utilization, Facilities Serving People with Developmental Disabilities (FDDs), Wisconsin 1999-2004

Utilization Measure	1999	2000	2001	2002	2003	2004
As of December 31:						
Number of FDDs	37	37	37	35	33	31
Licensed Beds	2,119	2,096	2,071	1,820	1,492	1,345
Beds Set Up and Staffed	2,053	2,038	2,017	1,765	1,490	1,341
Total Clients	1,951	1,933	1,859	1,655	1,415	1,282
Rate per 1,000 population*	0.37	0.36	0.35	0.3	0.26	0.23
Clients Age 65 and Over						
Number	421	419	391	341	302	284
Percent	21.6%	21.7%	21.0%	20.6%	21.3%	22.2%
Medicaid Clients (Percent)	99.2%	99.2%	99.2%	99.2%	98.9%	98.7%
Calendar Year:						
Inpatient Days	712,104	703,297	688,918	609,710	534,936	477,989
Percent Change	-2.8%	-1.2%	-2.0%	-11.5%	-12.3%	-10.6%
Average Daily Census	1,951	1,922	1,889	1,689	1,465	1,307
Percent Occupancy**	92.1%	91.7%	90.5%	89.8%	94.2%	93.4%
Percent of Licensed Beds Not Staffed	3.1%	2.8%	3.4%	6.2%	4.2%	4.2%
Total Admissions	265	273	298	294	211	181
Total Discharges and Deaths	301	291	372	348	273	245

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

* The rate is the number of FDD clients per 1,000 total population.

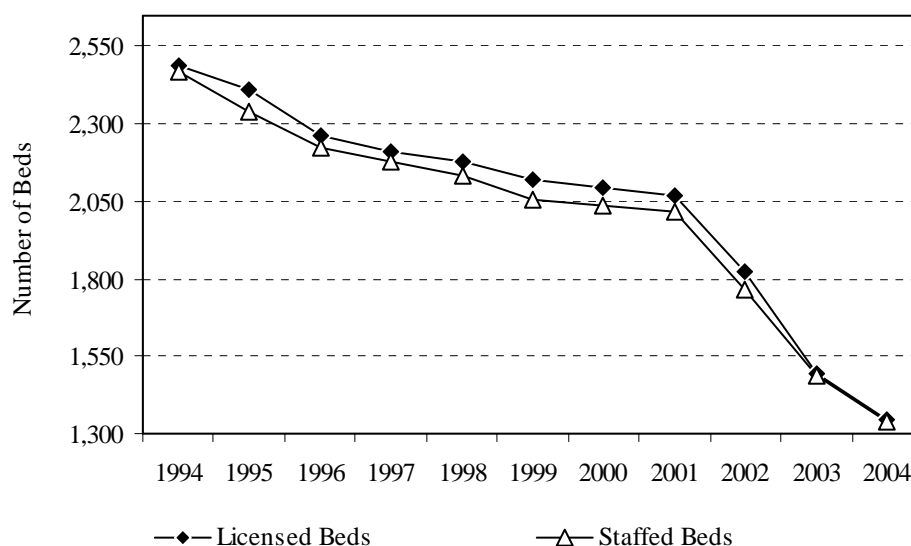
** Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

Notes: The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

Due to bed reductions at FDDs, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31. Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

- From 1999 to 2004, there were declines in the following measures of utilization of Wisconsin facilities serving people with developmental disabilities.
 - ⇒ The number of FDDs decreased from 37 to 31 (16 percent).
 - ⇒ Total FDD clients declined 34 percent, from 1,951 to 1,282.
 - ⇒ The FDD utilization rate decreased from 0.37 to 0.23 clients per 1,000 total Wisconsin population.
 - ⇒ Inpatient days decreased 33 percent, from 0.71 million to 0.48 million.
 - ⇒ The number of admissions declined 32 percent between 1999 and 2004 (from 265 to 181), and the number of discharges and deaths decreased 19 percent (from 301 to 245).
- In contrast, percent occupancy increased from 92.1 percent to 93.4 percent.
- In 2004, admissions declined 14 percent from the previous year (from 211 to 181), and discharges and deaths decreased 10 percent (from 273 to 245). This followed a 28 percent decline in admissions and 22 percent decrease in discharges in 2003.

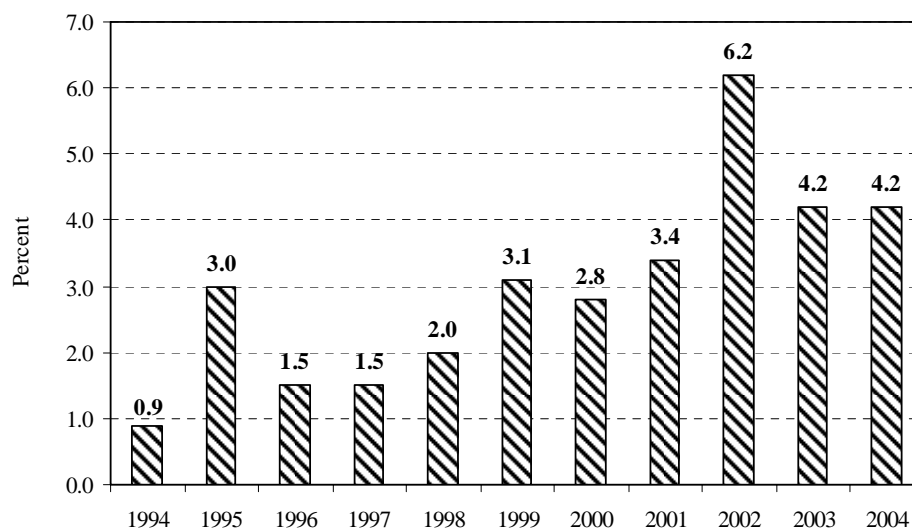
Figure 1. Number of FDD Licensed Beds and Staffed Beds, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Health Care Financing, Department of Health and Family Services.

Note: Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

Figure 2. Percent of FDD Licensed Beds Not Staffed, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- From 1994 to 2004, the number of licensed beds in facilities serving people with developmental disabilities declined 46 percent (from 2,489 to 1,345). The number of staffed beds also decreased 46 percent (from 2,467 to 1,341).
- The percent of licensed FDD beds that were not staffed increased from 0.9 percent to 4.2 percent during the same period.

Table 2. FDD Capacity by Ownership and Bed Size, Wisconsin 2004

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Not Staffed	Percent Occupancy
	Number	Percent	Number	Percent		
All FDDs	31	100%	1,345	100%	4.2%	93.4%
Facility Ownership						
Governmental	18	58	669	50	2.6	94.1
Nonprofit	6	19	450	33	7.8	91.4
Proprietary	7	23	226	17	1.3	95.2
Bed Size						
Less than 50 beds	23	74	679	50	2.9	93.2
50-99 beds	7	23	486	36	1.0	93.7
100-199 beds	1	3%	180	13%	15.9%	93.0%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: FDD beds not staffed are licensed but not available for occupancy.
Percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1).
Due to bed reductions at FDDs, occupancy rates (percent of beds not staffed and percent of occupancy) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

- Two FDDs closed in 2004; both were nonprofit homes.
- In 2004, the FDD occupancy rate statewide decreased from 94.2 percent to 93.4 percent. Proprietary facilities had the highest occupancy rate (95.2 percent), and nonprofit facilities had the lowest (91.4 percent).
- The only large FDD (200 licensed beds or more) reduced its number of licensed beds from 216 in 2003 to 180 beds in 2004.
- Statewide, the percent of FDD beds not staffed stayed the same in 2004 at 4.2 percent. Non-profit facilities had the highest rate of beds not staffed (7.8 percent), followed by governmental facilities (2.6 percent). Proprietary facilities had the lowest rate of beds not staffed (1.3 percent).
- The percent of FDD beds not staffed increased for both non-profit and governmental facilities, but declined for proprietary homes.

FDD Characteristics

Table 3. FDD Capacity by County, Wisconsin 2004

County of Location	Facilities on 12/31/04	Licensed Beds on 12/31/04	Staffed Beds on 12/31/04	Total Inpatient Days	Clients on 12/31/04*	Average Daily Census	Percent Occupancy
All	31	1,345	1,341	477,989	1,282	1,307	93.4%
Brown	3	150	150	51,615	148	141	90.7
Chippewa	1	28	28	9,928	28	27	96.4
Clark	1	34	34	11,771	33	32	94.1
Dane	1	18	18	5,911	17	16	88.9
Dodge	1	72	72	25,249	70	69	91.8
Dunn	1	43	43	15,646	41	43	98.0
Fond du lac	2	77	77	25,571	66	70	85.1
Grant	1	46	46	16,198	42	44	88.4
Jefferson	3	296	296	111,904	288	306	93.2
La crosse	1	44	44	15,583	40	43	97.7
Manitowoc	2	47	47	16,372	46	45	95.7
Marinette	1	13	13	5,142	12	14	94.5
Milwaukee	1	93	93	32,441	91	89	95.7
Monroe	1	14	14	5,069	13	14	100.0
Oneida	1	78	78	27,375	75	75	94.5
Racine	1	51	51	18,176	50	50	98.0
Rock	1	24	24	8,508	24	23	95.8
Sauk	1	23	23	7,347	17	20	87.0
Shawano	1	24	24	8,784	24	24	100.0
Sheboygan	1	37	37	13,251	36	36	97.3
Trempealeau	1	44	44	15,777	43	43	97.7
Waupaca	2	43	43	14,289	37	39	90.7
Winnebago	1	17	13	5,767	13	16	90.3
Wood	1	29	29	10,315	28	28	96.6%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Average daily census is the number of clients on an average day during the year.

Percent occupancy is the average percent of licensed beds occupied during the year. Due to bed reductions at FDDs, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

*The number of clients was based on the county of last private residence prior to entering the FDD.

- In 2004, two counties (Monroe and Shawano counties) had an FDD occupancy rate of 100 percent, compared to one county in 2003.
- FDD inpatient days declined 40 percent in Milwaukee County, 20 percent in Brown County and 19 percent in Marinette County. Statewide, inpatient days declined 11 percent.
- The occupancy rate increased at least 4 percent in Clark, Dunn, La Crosse and Shawano counties, and decreased at least 4 percent in Fond du Lac, Grant, and Winnebago counties.
- The number of licensed beds in Milwaukee County declined sharply (36 percent), due to the closure of an FDD. The number of licensed beds in Brown County decreased 18 percent, also due to facility closure.

Table 4. Average Per Diem Rates in FDDs by Care Level and Primary Pay Source, Wisconsin, December 31, 2004

Level of Care	Average Per Diem Rate (in Dollars)					All Sources
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	\$191	\$190*	\$186*	0	\$180*	\$191
Developmental Disabilities (DD1B)	189	227*	188*	0	180*	189
Developmental Disabilities (DD2)	168	190*	0	0	0	168
Developmental Disabilities (DD3)	139*	150*	0	0	0	140*
All Levels	\$182	\$197*	\$188*	0	\$180*	\$183

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of clients receiving care at a particular rate.

* The per diem rate for this category was calculated based on rates for fewer than 30 clients (rates may not be representative of typical rates).

See Technical Notes (page 33) for definitions of all level of care categories shown in this table.

- The average per diem rate in 2004 for care received by FDD clients was \$183, up 6.4 percent from \$172 in 2003 (compared to a 4 percent increase in the average per diem rate in nursing homes). The overall rate of inflation in 2004 was 2.7 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.3 percent.
- The average per diem rate paid for FDD care by private sources was \$197, up from \$173 in 2003. (There were only 10 FDD clients using private pay as primary pay source in 2004 – see Table 16.)
- Five FDD clients used Family Care as primary pay source in 2004, with an average per diem rate of \$188. This rate was 3 percent higher than the Medicaid average per diem rate in 2004 (\$182). (See Technical Notes on Page 33 for a definition of the Family Care program.)
- The Medicaid rate increased 4 percent for the DD1A level of care, 6 percent for the DD1B level of care, and 7 percent for the DD2 level of care in 2004. For the DD3 level of care, the Medicaid rate increased 17 percent. (Only 20 clients received the DD3 level of care.)

Table 5. Number of FDDs Providing Services to People Not Residing in the Facility, 1999-2004, Wisconsin

Type of Service	1999	2000	2001	2002	2003	2004
Home Health Care	0	0	0	0	0	0
Supportive Home Care	1	1	1	2	1	0
Personal care	1	1	1	2	1	0
Household services	0	0	0	1	0	0
Day Services	4	4	3	4	4	3
In community setting	1	1	1	2	2	1
In FDD setting	3	3	2	2	2	3
Respite Care	8	8	5	6	5	5
In patient's home	0	1	0	0	0	0
In FDD setting	8	8	5	6	5	5
Adult Day Care	3	4	4	5	4	3
In community setting	1	2	1	1	1	1
In FDD setting	2	2	3	4	3	2
Adult Day Health Care	1	0	1	1	1	1
Congregate Meals	4	3	3	2	2	2
In community setting	3	2	3	2	2	2
In FDD setting	1	1	0	0	0	0
Home-Delivered Meals	1	2	1	1	1	1
Other Meal Services	3	3	2	2	2	1
Referral Service	2	2	1	1	1	2
Transportation	1	2	0	2	1	0

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes (page 33).
FDDs may offer specific services in more than one setting.

- Very few FDDs provide services to people not residing in the facility.
- In 2004, no FDD provided supportive home care or transportation services to non-residents.

Table 6. Frequency of Family Council Meetings by FDD Ownership Category, Wisconsin 2004

Frequency of Meeting	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	13	72%	2	33%	6	86%	21	68%
Family Council, meets:	5	28	4	67	1	14	10	32
As often as needed	0	0	0	0	0	0	0	0
Less than quarterly	0	0	0	0	0	0	0	0
Once in three months	1	6	2	33	1	14	4	13
Once a month	3	17	1	17	0	0	4	13
Once a week	0	0	0	0	0	0	0	0
Other	1	6	1	17	0	0	2	6
Total	18	100%	6	100%	7	100%	31	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Federal Centers for Medicare and Medicaid Services (CMS) regulations for nursing homes require that, if residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting resident care, treatment and quality of life. This group is referred to as a "Family Council." Family Council meetings are not required by state FDD regulations in HFS 134 or by federal regulations for these facilities at 42 CFR 483.410-483.480.

- In 2004, 68 percent of Wisconsin's FDDs (21 out of 31) had no Family Council.
- Twenty-six percent of FDDs had Family Councils that met once a month or once every three months.
- Sixty-seven percent of nonprofit FDDs had Family Councils, compared to 14 percent of proprietary and 28 percent of governmental FDDs.

Table 7. FDD Employees, Wisconsin 2004

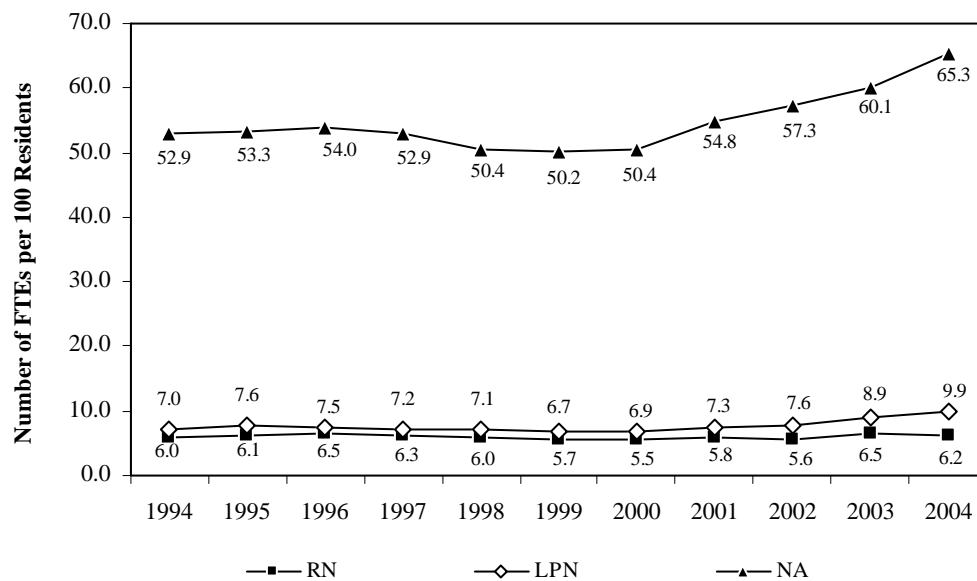
Employee Category	Full-Time Equivalent Employees (FTEs)	FTEs per 100 Clients
Nursing Services		
Registered Nurses	79.6	6.2
Licensed Practical Nurses	127.5	9.9
Nursing Assistants/Aides	836.6	65.3
Certified Medication Aides	2.9	0.2
Therapeutic Services		
Physicians and Psychiatrists	2.8	0.2
Psychologists	6.6	0.5
Dentists	0.1	0.0
Activity Directors and Staff	107.2	8.4
Physical Therapists and Assistants	3.3	0.3
Occupational Therapists and Assistants	22.1	1.7
Recreational Therapists	8.6	0.7
Restorative Speech Therapists	0.0	0.0
AODA Counsellors	0.0	0.0
Qualified Mental Retardation Specialists	47.7	3.7
Qualified Mental Health Professionals	4.0	0.3
Other Services		
Dietitians and Food Workers	138.0	10.8
Social Workers	22.0	1.7
Medical Records Staff	14.5	1.1
Administrators	24.4	1.9
Pharmacists	2.8	0.2
Other Health Prof. and Technical Personnel	65.7	5.1
Other Non-Health-Professional and Non-Technical Personnel	276.4	21.6
Statewide Total	1,792.8	139.8

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

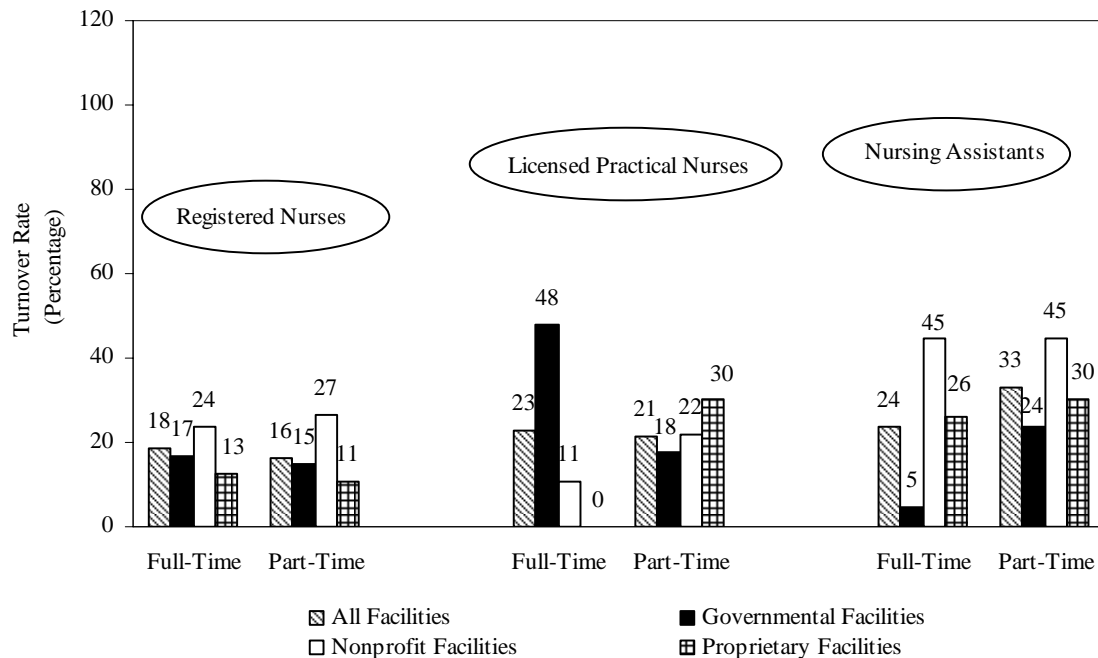
- Statewide, FDDs had 1.40 FTE employees per FDD client in 2004, compared to 1.34 employees per client in 2003 and 1.26 in 2002.
- The number of FTEs in Wisconsin FDDs was down 5 percent in 2004, while the number of FDD clients as of December 31 was down 9 percent.
- Between 2003 and 2004, the number of FTE registered nurses in FDDs declined 13 percent. The number of activity directors and staff was down 16 percent, while the number of dietitians and food workers decreased 7 percent.

Figure 3. Nursing Staff per 100 FDD Clients, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

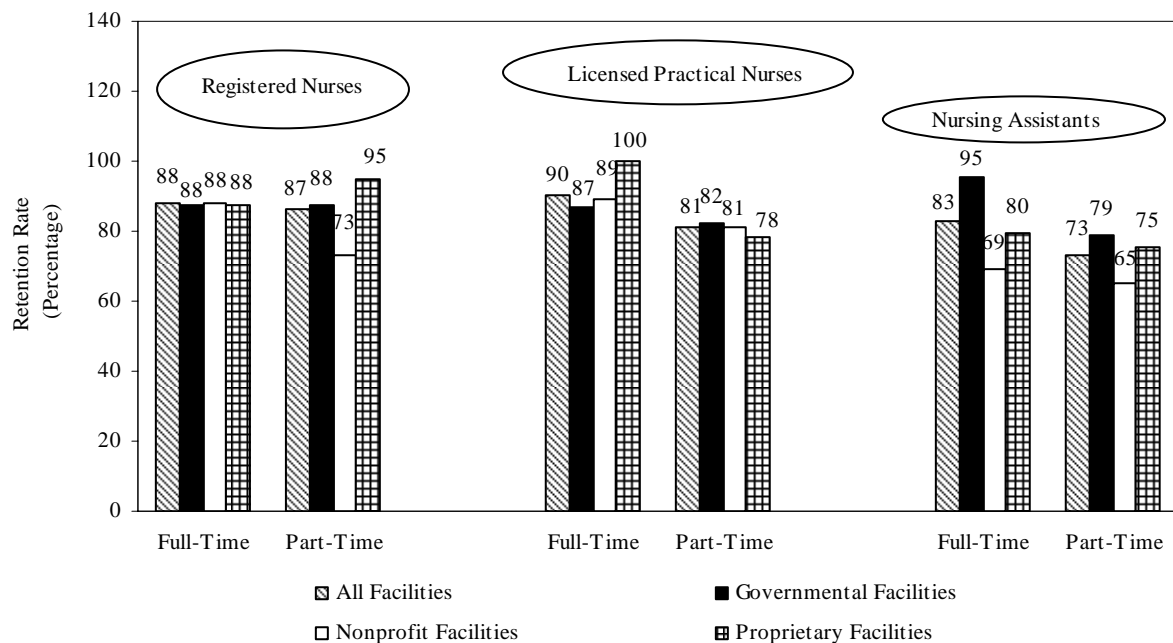
- In 2004, FDDs employed 65.3 FTE nursing assistants for every 100 clients (one FTE for every 1.5 clients), up from 60.1 FTEs for every 100 clients in 2003.
- There were 6.2 FTE registered nurses per 100 FDD clients in 2004, down slightly from 6.5 per 100 clients in 2003.
- There were 9.9 FTE licensed practical nurses per 100 FDD clients in 2004, up from 8.9 per 100 in 2003.

Figure 4. Nursing Staff Turnover Rate by Facility Ownership (FDDs), 2004

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- The turnover rate for part-time registered nurses (RNs) declined for all types of ownership. Statewide, it decreased 6 percentage points (from 22 percent to 16 percent) in 2004.
- The turnover rate for full-time RNs decreased 2 percentage points statewide, due to the decline of 8 percentage points (from 32 percent to 24 percent) in nonprofit facilities. The turnover rate for full-time RNs in proprietary and governmental facilities increased by 13 and 7 percentage points, respectively.
- The turnover rate for full-time licensed practical nurses (LPNs) increased from 23 percent to 48 percent in governmental facilities, but declined from 33 percent to 11 percent in nonprofit FDDs. Statewide, it was down 3 percentage points, to 23 percent.
- The turnover rate for part-time LPNs increased from 6 percent to 30 percent in proprietary facilities, and from 15 percent to 18 percent in governmental FDDs, but declined from 28 percent to 22 percent in nonprofit facilities. Statewide, the turnover rate for part-time LPNs increased 1 percentage point, to 21 percent.
- The statewide turnover rate for both full- and part-time nursing assistants (NAs) in FDD facilities remained unchanged in 2004, at 24 percent and 33 percent, respectively.
- The turnover rate for full-time NAs increased from 16 percent to 26 percent in proprietary facilities.
- For part-time NAs, the turnover rate declined 9 percentage points in proprietary facilities, and 2 percentage points in governmental FDDs, but increased 9 percentage points in nonprofit facilities.

Figure 5. Nursing Staff Retention Rate by Facility Ownership (FDDs), 2004

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

- In 2004, the percent of nursing assistants employed by FDDs who had worked in the facility for more than one year generally decreased or remained the same.
 - ⇒ Statewide, the retention rate decreased from 84 percent to 83 percent for full-time NAs and from 74 percent to 73 percent for part-time NAs.
 - ⇒ In proprietary FDDs, the retention rate declined from 89 percent to 80 percent for full-time NAs, and from 82 percent to 75 percent for part-time NAs.
 - ⇒ In nonprofit FDDs, the retention rate decreased from 89 percent to 80 percent for full-time NAs, and from 82 percent to 75 percent for part-time NAs.
- Full-time LPN retention rates increased or remained the same.
 - ⇒ In nonprofit FDDs, the retention rate increased from 65 percent to 89 percent for full-time LPNs.
 - ⇒ In governmental FDDs, the retention rate increased from 82 percent to 87 percent for full-time LPNs.
 - ⇒ Statewide, the retention rate for full-time LPNs increased from 74 percent to 90 percent.
- The retention rate for part-time LPNs in proprietary FDDs declined from 94 percent to 78 percent.
- The retention rate in nonprofit FDDs increased 14 points for full-time RNs but decreased 1 point for part-time RNs. The retention rate in proprietary FDDs declined 12 percentage points for full-time RNs but increased 4 points for part-time RNs. The retention rate in governmental FDDs was down 3 percentage points for full-time RNs, but up 4 points for part-time RNs.
- Statewide, the retention rate for both full-time and part-time RNs increased 5 percentage points.

Table 8. FDD Admissions by Level of Care, Wisconsin 1994-2004

Year	Level of Care at Admission				Total Admissions
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	
1994	---	---	---	---	249
1995	66	71	102	10	249
1996	88	93	105	10	296
1997	87	97	62	9	255
1998	72	117	69	8	266
1999	82	107	72	4	265
2000	87	86	86	14	273
2001	98	102	85	13	298
2002	104	106	78	6	294
2003	91	76	41	3	211
2004	66	71	40	4	181

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: DD (developmental disabilities) became a separate level of care in 1989; it was divided into subcategories in 1993. The Annual Survey of Nursing Homes did not collect admissions data on the new subcategories until 1995. The DD1A care level is for clients with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable. The DD1B level is for clients with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare. Clients at the DD2 care level are adults with developmental disabilities who require active treatment with an emphasis on skills training. Clients at the DD3 level are adults with developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

- Admissions to FDDs decreased by 14 percent (from 211 to 181 clients) in 2004.
- FDD clients admitted at the DD1A level of care accounted for 36 percent of all admissions in 2004.
- Admissions at the DD1A level of care decreased by 27 percent in 2004 (from 91 clients to 66 clients), by far the largest one-year decline ever.
- Compared to 1994, when there was a total of 249 FDD clients in Wisconsin, the number of FDD clients has declined 27 percent to 181 in 2004.

Table 9. FDD Admissions by Primary Pay Source, Wisconsin 1994-2004

Year	Primary Pay Source at Admission					Total Admission
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
1994	217	26	---	---	6	249
1995	219	29	---	---	1	249
1996	242	50	---	0	4	296
1997	219	23	---	1	19	262
1998	228	35	---	1	2	266
1999	231	6	---	0	28	265
2000	261	10	---	0	2	273
2001	262	8	8	0	20	298
2002	263	7	4	1	19	294
2003	182	26	2	0	1	211
2004	155	7	6	0	13	181

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Managed care plans were not asked about as a separate pay source until 1996.

Family Care was not asked about as a separate pay source until 2001. See Technical Notes, Page 33.

The category "Other Sources" includes mostly clients whose primary pay source was the Department of Veterans Affairs.

Totals include clients whose primary pay source at admission was not reported.

- Medicaid was the primary pay source for 86 percent of all FDD admissions in 2004, unchanged from 2003. In 2000, 96 percent of admissions used Medicaid as the primary pay source.
- The number of FDD admissions whose primary pay source was Family Care (a Medicaid-funded pilot program) increased from 2 in 2003 to 6 in 2004.
- The number of FDD admissions whose primary pay source was private pay declined from 26 to 7.

Table 10. FDD Admissions by Primary Pay Source and Level of Care, Wisconsin 2004

Level of Care At Admission	Primary Pay Source at Admission					Total Admissions
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	54	5	3	0	4	66
Developmental Disabilities (DD1B)	59	0	3	0	9	71
Developmental Disabilities (DD2)	38	2	0	0	0	40
Developmental Disabilities (DD3)	4	0	0	0	0	4
Total Admissions	155	7	6	0	13	181
Percent of Admissions	86%	4%	3%	0%	7%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The category “Other Sources” includes mostly clients whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 33) for definitions of all level of care categories.

- Of the FDD clients admitted in 2004 who used Medicaid as primary pay source, 35 percent were at the DD1A level of care (45 percent in 2003), 38 percent were at the DD1B level (31 percent in 2003), 25 percent were at the DD2 level (22 percent in 2003), and the remaining 2 percent were at the DD3 level of care. (Note that clients with Family Care are counted separately, although the Family Care benefit is funded by Medicaid.)
- Four percent of FDD admissions in 2004 were private-pay, compared with 12 percent in 2003.
- Seven percent of FDD admissions in 2004 were categorized as “other” primary pay sources (mostly Dept. of Veterans Affairs). This category accounted for less than 1 percent of admissions in 2003.

Table 11. FDD Admissions by Age and Level of Care, Wisconsin 2004

Level of Care At Admission	Age at Admission						Total Admissions
	<20	20-54	55-64	65-74	75-84	85+	
Developmental Disabilities (DD1A)	8	34	16	6	2	0	66
Developmental Disabilities (DD1B)	5	47	10	6	3	0	71
Developmental Disabilities (DD2)	2	28	4	1	5	0	40
Developmental Disabilities (DD3)	0	4	0	0	0	0	4
Total Admissions	15	113	30	13	10	0	181
Percent of Admissions	8%	62%	17%	7%	6%	0	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: See Technical Notes (page 33) for definitions of all level of care categories.

- Thirteen percent of FDD clients admitted in 2004 were 65 years of age and older, compared with 8 percent in 2003.
- Eight percent of FDD clients admitted in 2004 were younger than 20 years of age, compared to 10 percent in 2003.
- In 2004, 62 percent of FDD admissions were aged 20 to 54, compared with 65 percent in 2003.

Table 12. FDD Admissions by Care Location Prior to Admission, Wisconsin 2004

Care Location	Admissions	
	Number	Percent
Private home/apt. with no home health services	46	25%
Private home/apt. with home health services	15	8
Board and care/assisted living/group home	18	10
Nursing home	20	11
Acute care hospital	29	16
Other FDD or psychiatric hospital	49	27
Rehabilitation hospital	0	0
Other	4	2
Total Admissions	181	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Twenty-seven percent of FDD admissions were from another FDD or a psychiatric hospital, largely due to the closing of two FDDs in 2004. This was the second year in a row in which two FDDs closed.
- Twenty-five percent of FDD clients admitted in 2004 came from private residences and were not receiving home health services prior to admission (compared to 29 percent in 2003), and 8 percent were admitted from private residences with home health services (compared to 3 percent in 2003).
- Sixteen percent of FDD admissions in 2004 were from acute-care hospitals, compared to 11 percent in 2003.
- Eleven percent of admissions were from nursing homes in 2004, compared to 7 percent in 2003 and 4 percent in 2002.

Table 13. Discharge Status or Care Destination of FDD Clients Discharged, Wisconsin 2004

Discharge Status/ Care Destination	Discharges/Deaths	
	Number	Percent
Private home/apt. with no home health services	37	15%
Private home/apt. with home health services	14	6
Board and care/assisted living/group home	61	25
Nursing home	22	9
Acute care hospital	16	7
Other FDD or psychiatric hospital	43	18
Rehabilitation hospital	0	0
Other	0	0
Deceased	52	21
Total	245	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- In 2004, 25 percent of FDD client discharges were to board and care, assisted living and group homes, the same percentage as in 2003, but down from 31 percent in 2002.
- Nine percent of FDD discharges were to nursing homes, compared with 10 percent in 2003.
- Fifteen percent of FDD discharges were to private homes with no home health care in 2004, the same percentage as in 2003. The percent of discharges to private homes with home health care increased from 4 percent to 6 percent.
- The percent of discharges to other FDDs or psychiatric hospitals increased from 13 percent to 18 percent.
- Deaths constituted 21 percent of FDD discharges in 2004, compared with 27 percent in 2003.

Table 14. Age-Specific FDD Utilization Rates, Wisconsin 1994-2004

Year	Age-Specific Rates per 1,000 Population			
	Under 20	20-54	55-64	65+
1994	<0.1	0.6	0.9	0.7
1995	<0.1	0.5	0.9	0.7
1996	<0.1	0.5	0.8	0.7
1997	<0.1	0.5	0.8	0.7
1998	<0.1	0.5	0.8	0.6
1999	<0.1	0.4	0.8	0.6
2000	<0.1	0.4	0.7	0.6
2001	<0.1	0.4	0.7	0.6
2002	<0.1	0.4	0.6	0.5
2003	<0.1	0.3	0.5	0.4
2004	<0.1	0.3	0.4	0.4

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of FDD clients in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.

Age groups in the annual survey changed somewhat over the years, but the effect of these changes on FDD utilization rates was minimal.

- The FDD utilization rate among people aged 55 to 64 declined 20 percent from 2003 to 2004.
- From 1994 to 2004, the FDD utilization rate declined 50 percent for people aged 20-54, 56 percent for people aged 55-64, and 43 percent for people aged 65 and over.

Table 15. Percent of FDD Clients by Level of Care, Wisconsin, December 31, 1994-2004

Year	Level of Care				Total
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	
1994	21	29	44	7	2,319
1995	22	29	43	6	2,188
1996	24	29	42	6	2,121
1997	24	29	41	6	2,038
1998	24	30	41	5	2,004
1999	25	29	42	4	1,949
2000	24	29	43	4	1,933
2001	25	30	41	4	1,859
2002	29	31	39	2	1,655
2003	33	31	34	2	1,415
2004	31	37	31	2	1,282

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Totals do not include clients whose level of care was not reported.
See Technical Notes (page 33) for definitions of all level of care categories.

- The level of care distribution for FDD clients has changed over the years. In 1994, 21 percent of FDD clients on December 31 were at the DD1A level of care; at the end of 2004, 31 percent were at this level of care.
- Twenty-nine percent of clients were at the DD1B level of care in 1994, while 37 percent were at this level of care in 2004.
- Forty-four percent of clients were at the DD2 level of care in 1994, compared with 31 percent in 2004.
- Seven percent of FDD clients were at the DD3 level of care in 1994, compared with 2 percent in 2004.

Table 16. Number of FDD Clients by Primary Pay Source and Level of Care, Wisconsin, December 31, 2004

Level of Care	Primary Pay Source on December 31					Total
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	389	2	1	0	1	393
Developmental Disabilities (DD1B)	468	3	4	0	1	476
Developmental Disabilities (DD2)	389	4	0	0	0	393
Developmental Disabilities (DD3)	19	1	0	0	0	20
Total Clients	1,265	10	5	0	2	1,282
Percent of All Clients	99%	1%	<1%	0	<1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The category "Other Sources" includes mostly clients whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 33) for definitions of all level of care categories.

- On December 31, 2004 Medicaid was the primary pay source for 99 percent of all FDD clients. This percent has remained stable since 1998.
- Among FDD clients with Medicaid as primary pay source in 2004, 31 percent were at the DD1A level of care (compared to 34 percent in 2003), 37 percent were at the DD1B level of care (compared to 31 percent in 2003), 31 percent were at the DD2 level of care (down from 34 percent in 2003), and 2 percent were at the DD3 level of care (same as in 2003).

Table 17. Percent of FDD Clients by Age and Primary Disabling Diagnosis, Wisconsin, December 31, 2004

Primary Disabling Diagnosis	Age Group					Total
	<20	20-54	55-64	65-74	75+	
Mental Retardation	95%	90%	93%	98%	94%	92%
Cerebral Palsy	0	2	1	1	1	1
Autism	0	2	0	0	1	1
Multiple Developmental Disabilities	0	4	4	1	3	3
Other Developmental Disabilities	5	1	1	0	0	1
Subtotal of Developmental Disabilities	100%	99%	99%	100%	99%	99%
All Other Conditions	0	1%	1%	0	1%	1%
Total	100%	100%	100%	100%	100%	100%
Number of Clients	21	739	238	145	139	1,282

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- On December 31, 2004, 92 percent of all FDD clients had mental retardation as their primary diagnosis, down 2 percentage points from 2003.
- Among the clients who had mental retardation as their primary diagnosis, 58 percent were under age 55 and 23 percent were age 65 and older (not shown).

Table 18. Length of Stay of FDD Clients, Wisconsin, December 31, 2004

Length of Stay	Number	Percent
Less than 1 year	112	9%
Less than 31 days	12	1
31 days to 99 days	34	3
100 days to 180 days	26	2
181 days to 364 days	40	3
1-2 years	82	6
2-3 years	109	9
3-4 years	64	5
4 or more years	915	71
Total	1,282	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

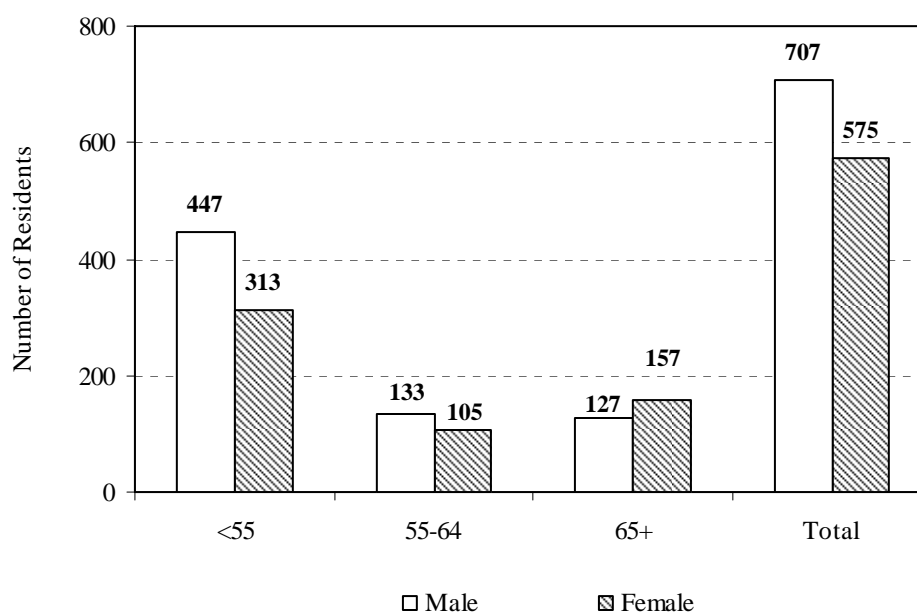
- Nine percent of FDD clients in 2004 had been in the facility less than one year, the same proportion as in 2003.
- Seventy-one percent of FDD clients in 2004 had been in the facility four years or longer, down 2 points from 2003.
- Six percent of FDD clients had been in the facility for one to two years in 2004, down from 9 percent in 2003.

Table 19. Age of FDD Clients, Wisconsin, December 31, 2004

Age of Client	Number	Percent
Less than 20 years	21	2%
20-54 years	739	58
55-64 years	238	19
65-74 years	145	11
75-84 years	107	8
85+ years	32	3
All ages	1,282	100%
65+ years	284	22%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

Figure 6. Percent of FDD Clients by Age and Sex, Wisconsin, December 31, 2004


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- On December 31, 2004, 2 percent of FDD clients were under age 20, 58 percent were age 20-54, 19 percent were age 55-64, and the remaining 22 percent were age 65 and over.
- Fifty-five percent of Wisconsin FDD clients in 2004 were males (54 percent in 2003).
- Male FDD clients outnumbered female clients in all age groups except 65 and over.

Table 20. Percent of FDD Clients by Age, Wisconsin, 1994-2004

Year	Age Group				
	<20	20-54	55-64	65-74	75+
1994	2.2	60.7	16.3	13.0	7.8
1995	2.0	60.7	16.3	13.0	8.0
1996	2.3	59.2	16.0	13.7	8.9
1997	2.4	58.5	17.1	12.8	9.2
1998	1.7	58.9	17.5	12.5	9.3
1999	1.5	59.3	17.6	12.8	8.8
2000	1.2	59.9	17.2	13.2	8.5
2001	1.8	58.4	18.8	12.3	8.8
2002	1.5	58.5	19.5	11.7	8.9
2003	2.0	57.5	19.2	11.2	10.2
2004	1.6%	57.6%	18.6%	11.3%	10.8%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- From 1994 to 2004, the age distribution of FDD clients changed slightly, with increases of 2 to 3 percentage points in some older age groups (ages 55-64 and 75+).
- The percent of FDD clients under age 55 declined from 63 percent in 1994 to 59 percent in 2004.
- The percent of FDD clients aged 75 and over increased from 7.8 percent in 1994 to 10.8 percent in 2004.

Table 21. Legal Status of FDD Clients, Wisconsin, December 31, 2004

Total Clients	Placed Under Chapter 51	Has Court-Appointed Guardian	Protectively Placed Under Chapter 55	Has Activated Power of Attorney for Health Care	Has Advance Directives
Number	Number Percent	Number Percent	Number Percent	Number Percent	Number Percent
1,282	205 16%	1,254 98%	1,221 95%	92 7%	485 38%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percents were based on the total number of facility clients on December 31, 2004.

- In 2004, 16 percent of FDD clients (vs. 12 percent in 2003) had been placed in the facility under Chapter 51, Wisconsin Statutes (the Mental Health Act), to receive integrated treatment and rehabilitative services.
- Ninety-eight percent of FDD clients in 2004 (97 percent in 2003) had a guardian appointed by the court under Chapter 880, Wisconsin Statutes. A guardian is appointed to make decisions about health care and other matters after a court determines that a person is incompetent to do so.
- Ninety-five percent of FDD clients had been protectively placed in the facility under Chapter 55, Wisconsin Statutes (the Protective Services Act), up from 89 percent in 2003.
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Seven percent of FDD clients were reported to have an activated power of attorney for health care in 2004, compared to 6 percent in 2003.
- An advance directive describes, in writing, clients' choices about the treatments they want or do not want or about how health care decisions should be made if they become incapacitated and cannot express their wishes. Thirty-eight percent of FDD clients had a written advance directive in 2004, down from 47 percent in 2003.

Table 22. FDD Clients With Medicaid as Primary Pay Source by Eligibility Date, Wisconsin, December 31, 2004

Eligibility Date for Medicaid	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
At time of admission	609	87%	464	82%	1,073	85%
1-30 days after admission	6	1	4	1	10	1
31 days–1 year after admission	7	1	3	1	10	1
More than 1 year after admission	41	6	64	11	105	8
Unknown	36	5	31	5	67	5
Total	699	100%	566	100%	1,265	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Eighty-five percent of FDD clients with Medicaid on December 31, 2004 had been eligible at the time of admission, up from 78 percent in 2003.
- Eight percent of FDD clients with Medicaid became eligible more than one year after admission, down from 11 percent in 2003.

FDD Clients

Table 23. Use of Physical Restraints Among FDD Clients, by Facility Ownership, Wisconsin, December 31, 2004

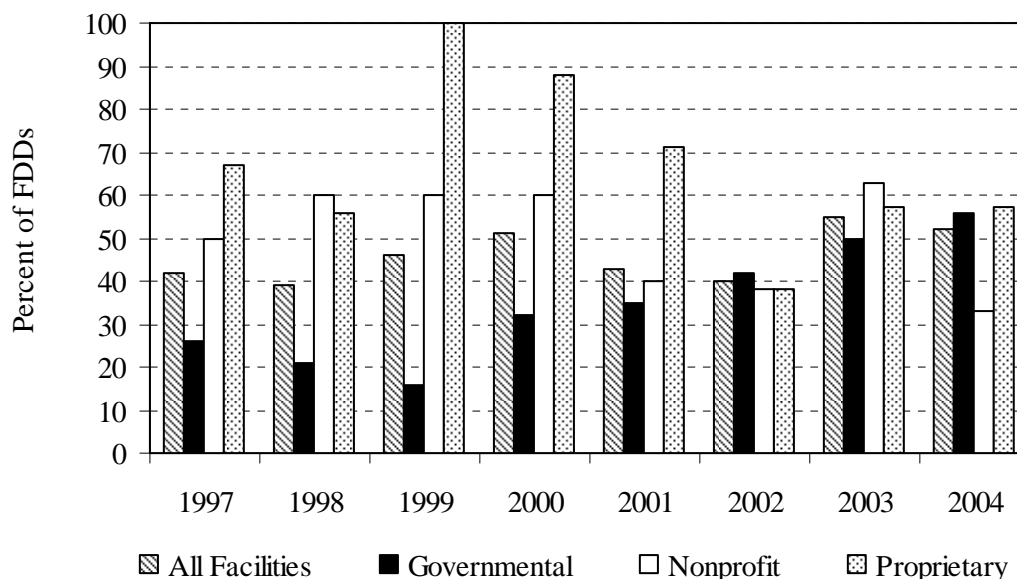
December 31, 2004

	Ownership						All FDDs	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Clients	634	100%	431	100%	217	100%	1,282	100%
Physically restrained	60	9%	56	13%	11	5%	127	10%
Total FDDs	18	100%	6	100%	7	100%	31	100%
FDDs reporting no physically restrained clients	10	56%	2	33%	4	57%	16	52%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The survey asks facilities to report the number of clients on December 31 who are “physically restrained.”

Figure 7. Percent of FDDs With No Physically Restrained Clients, by Facility Ownership, Wisconsin, December 31, 1997-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Statewide, the percent of FDD clients on December 31 who were being physically restrained decreased from 21 percent in 2003 (not shown) to 10 percent in 2004 (Table 23).
- Five percent of clients in proprietary FDDs were being physically restrained in 2004, a decline from 14 percent in 2003. The percent being physically restrained in nonprofit FDDs also decreased, from 43 percent to 13 percent. The percent of physically restrained clients in governmental FDDs increased from 7 percent to 9 percent.
- Statewide, 52 percent of FDDs reported *no* physically restrained clients on December 31, 2004, down from 55 percent in 2003 (Figure 7).
- FDDs reporting no physically restrained clients declined from 63 percent to 33 percent for nonprofit facilities, but increased from 50 percent to 56 percent for governmental agencies.

Technical Notes

Licensed Beds and Staffed Beds Definitions

- **Licensed Beds:** Beds that are licensed, regardless of whether they are available for occupancy.
- **Staffed Beds:** Licensed beds that are set up, staffed, and available for occupancy.

Level of Care Definitions

- **DD1A Care Level:** Clients with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable.
- **DD1B Care Level:** Clients with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.
- **DD2 Care Level:** Adults with developmental disabilities who require active treatment with an emphasis on skills training.
- **DD3 Care Level:** Adults with developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Family Care (Tables 4, 9)

Family Care is a program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. The programs in four of these nine counties (Kenosha, Marathon, Trempealeau, and Jackson counties) have resource centers only, and do not reimburse for FDD care. Family Care serves people with physical disabilities, people with developmental disabilities, and frail elders, with the goals of:

- Giving people better choices about where they live and what kinds of services and support they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective long-term care system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be a “one-stop shop” where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Care management organizations (CMOs), which manage and deliver the new Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual’s needs, circumstances, and preferences.

For details of the services provided by Family Care, please visit:
<http://dhfs.wisconsin.gov/LTCare/Generalinfo/WhatisFC.htm>

Definitions of Services to Non-Clients (Table 5)

(Definitions provided by staff in the Wisconsin Division of Disability and Elder Services, Bureau of Aging and Long-Term Care Resources)

- **Home Health Care:** Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.
- **Supportive Home Care:** Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.
- **Day Services:** Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.
- **Respite Care:** Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular care giver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.
- **Adult Day (Health) Care:** Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Services include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.
- **Congregate Meals:** Meals provided to persons in supportive service settings to promote adequate nutrition and socialization. Nutrition education is an integral but subordinate part of this program.
- **Home-Delivered Meals:** In-home meals provided to persons at risk for inadequate nutrition.
- **Referral Service:** Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

- **Transportation:** Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

2004 ANNUAL SURVEY OF NURSING HOMES

(includes definitions)

If Medicaid-certified, the completed Annual Survey of Nursing Homes is due to the Department by February 1 of each year, unless the Department allows a maximum 28-day extension. The Department shall establish and implement policies to withhold payment to a provider, or decrease or freeze payment rates, if a provider does not submit annual survey forms and respond to the Department by the due date. See page 16 for detailed information.

Correct information on the label below if it is inaccurate or incomplete.

FOR OFFICE USE ONLY	
CERTIFICATION	<input type="checkbox"/>
HIGHEST LEVEL	<input type="checkbox"/>
BATCH	<input type="checkbox"/>
BATCHCOR	<input type="checkbox"/>

Geographic location of facility (may differ from post office name in mailing address).

(CHECK ONE)

- ☐ 1. City Name of city, village or town _____
- ☐ 2. Village What county is nursing home located in? _____
- ☐ 3. Town

NUMBER OF RESIDENTS
IN THE FACILITY ON
DECEMBER 31, 2004
(include paid bedholds)

Return the *PINK COPY* of the survey no later than February 1, 2005, to

Bureau of Health Information and Policy
Division of Public Health
ATTN: Jane Conner, Rm. 372
P. O. Box 309
Madison, Wisconsin 53701-0309

REPORT ALL DATA FOR A 12-MONTH PERIOD (366 DAYS), JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

Refer to Instructions and Definitions accompanying this form.

A. FACILITY INFORMATION

1. Was this facility in operation for the entire calendar year of 2004? ☐ 1. Yes ☐ 2. No

If no, and operation dates began after January 1, 2004, or ended before December 31, 2004,
list those dates of operation below.

Beginning Date

Month Day '04

Ending Date

Month Day '04

Days of Operation

2. CONTROL: Indicate the type of organization that controls the facility and establishes its overall operating policy.

(CHECK ONE)

Governmental

- ☐ 10. City
☐ 11. County
☐ 12. State
☐ 13. Federal
☐ 14. City/County
☐ 15. Tribal Government

Non-governmental/Not-For-Profit

- ☐ 20. Nonprofit Corporation
☐ 21. Nonprofit Church
☐ 22. Nonprofit Association
☐ 23. Nonprofit Church/Corporation
☐ 24. Nonprofit Limited Liability Company
☐ 25. Nonprofit Trust
☐ 26. Private Nonprofit

Investor-Owned/For Profit

- ☐ 30. Individual
☐ 31. Partnership
☐ 32. Corporation
☐ 33. Limited Liability Company
☐ 34. Limited Liability Partnership
☐ 35. Trust

3. Has the controlling organization through a contract, placed responsibility for the daily administration of the nursing facility with another organization? ☐ 1. Yes ☐ 2. No

If yes, indicate below the classification code of the contracted organization (for example, 32 for an investor-owned, for-profit corporation, see page 1, item A.2.). (code)

4. Is the facility operated in conjunction with a hospital (e.g., owned, leased or sponsored)? ☐ 1. Yes ☐ 2. No
5. Is the facility operated in conjunction with a community-based residential facility (CBRF)? ☐ 1. Yes ☐ 2. No
6. Is the facility operated in conjunction with a residential care apartment complex (RCAC)? ☐ 1. Yes ☐ 2. No
7. Is the facility operated in conjunction with housing for the elderly, or similar organization? ☐ 1. Yes ☐ 2. No
8. Is the facility operated in conjunction with a home health agency? ☐ 1. Yes ☐ 2. No
9. Is the facility certified as a Medicaid facility (Title 19)? ☐ 1. Yes ☐ 2. No
10. Is all or part of the facility certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No

If yes, indicate the number of Medicare-certified beds _____

11. Is the facility accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing long term care? ☐ 1. Yes ☐ 2. No
12. Does the facility have a contract with a HMO for providing services? ☐ 1. Yes ☐ 2. No
13. Does the facility have a locked unit? ☐ 1. Yes ☐ 2. No

If yes, how many beds? _____

14. Does the facility utilize formal wandering precautions, e.g., Wanderguard Systems/bracelets? ☐ 1. Yes ☐ 2. No

If yes, how many of the residents in the facility on December 31, 2004, were monitored? _____

B. SERVICES

1. Does the facility offer services to **non-residents**? ☐ 1. Yes ☐ 2. No

If yes, check which services the facility provides to non-residents (see definitions).

- | | |
|--|---|
| <input type="checkbox"/> a. Home Health Care (Licensed home health, HFS 133) | <input type="checkbox"/> f. Adult Day Health Care |
| <input type="checkbox"/> b. Supportive Home Care | <input type="checkbox"/> g. Congregate Meals |
| <input type="checkbox"/> 1. Personal Care | <input type="checkbox"/> 1. In community setting |
| <input type="checkbox"/> 2. Household Services | <input type="checkbox"/> 2. In nursing home setting |
| <input type="checkbox"/> c. Day Services | <input type="checkbox"/> h. Home Delivered Meals |
| <input type="checkbox"/> 1. In community setting | <input type="checkbox"/> i. Referral Services |
| <input type="checkbox"/> 2. In nursing home setting | <input type="checkbox"/> j. Other meals (Includes Jail, Adult Day Care, etc.) |
| <input type="checkbox"/> d. Respite Care | <input type="checkbox"/> k. Transportation |
| <input type="checkbox"/> 1. In home setting | <input type="checkbox"/> l. Other (specify) _____ |
| <input type="checkbox"/> 2. In nursing home setting | |
| <input type="checkbox"/> e. Adult Day Care | |
| <input type="checkbox"/> 1. In community setting | |
| <input type="checkbox"/> 2. In nursing home setting | |

2. Does the facility plan to add other services to **non-residents** in the future? ☐ 1. Yes ☐ 2. No

If yes, specify service(s) to be provided. _____

3. Does the facility currently use a unit-dose drug delivery system? ☐ 1. Yes ☐ 2. No

4. Does the facility have an in-house pharmacy? ☐ 1. Yes ☐ 2. No

5. Does the facility have a policy to allow self-administration of medications by residents? ☐ 1. Yes ☐ 2. No

6. Does the facility currently have residents who are self-administering medications? ☐ 1. Yes ☐ 2. No

7. Does the facility offer hospice services to residents? ☐ 1. Yes ☐ 2. No

If yes, how many residents were in a hospice program under contract with an approved hospice provider on 12/31/04?

8. Does the facility offer hospice services to **non-residents**? ☐ 1. Yes ☐ 2. No

If yes, how many **non-residents** were in a hospice program under contract with an approved hospice provider on 12/31/04?

9. Does the facility offer specialized Alzheimer's support group services to **non-residents**? ☐ 1. Yes ☐ 2. No

10. Does the facility have a specialized unit dedicated to care for residents with Alzheimer's? ☐ 1. Yes ☐ 2. No

- a. If yes, is the unit locked? (Leave blank if no unit.) ☐ 1. Yes ☐ 2. No

- b. Number of beds in unit?

11. Does the facility utilize day programming for mentally ill residents? ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program

(check all that apply)

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other (specify) _____

12. Does the facility utilize day programming for developmentally disabled residents? ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program

(check all that apply)

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other (specify) _____

C. UTILIZATION INFORMATION

1. Number of beds set up and staffed at end of reporting period (ending December 31, 2004) _____

2. **TOTAL** licensed bed capacity (as of December 31, 2004) _____

3. If the numbers reported in C.1. and C.2. are different, indicate by checking the box(es) below, the reason(s) for this difference and the number of beds affected.

- | | |
|---|--|
| <input type="checkbox"/> a. Semi-private rooms converted to private rooms.
Number of beds _____ | <input type="checkbox"/> d. Rooms converted for resident program (treatment) purposes.
Number of beds _____ |
| <input type="checkbox"/> b. Rooms converted for administrative purposes.
Number of beds _____ | <input type="checkbox"/> e. Beds temporarily not meeting HFS 132 code.
Number of beds _____ |
| <input type="checkbox"/> c. Beds out-of-service due to renovation
or remodeling (Not HFS 132 related).
Number of beds _____ | <input type="checkbox"/> f. Other (specify) _____
Number of beds _____ |

4. Does the facility anticipate any bed reduction in the forthcoming year? ☐ 1. Yes ☐ 2. No

If yes, by how many beds? _____

D. RESIDENT INFORMATION

1. Level of Care and Method of Reimbursement on DECEMBER 31, 2004

Place the per diem rate in the appropriate boxes. If per diem rates vary in any category (for example, private room vs. semi-private room), **report an average** per diem rate. For **Medicare**, an "average rate" needs to be provided based on the PPS rates in effect for the Medicare residents in the facility on 12/31/04.

IF APPLICABLE, PROVIDE PER DIEM RATES IN ALL CATEGORIES.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	METHOD OF REIMBURSEMENT					
	Medicare (Title 18) Per Diem Rate	Medicaid (Title 19) Per Diem Rate	Other Government * Per Diem Rate	Private Pay Per Diem Rate	Family Care Per Diem Rate	Managed Care Per Diem Rate
ISN Intensive Skilled Care	\$	\$	\$	\$	\$	\$
SNF Skilled Care	\$	\$	\$	\$	\$	\$
ICF-1 Intermediate Care		\$	\$	\$	\$	\$
ICF-2 Limited Care		\$	\$	\$	\$	\$
ICF-3 Personal Care			\$	\$	\$	\$
ICF-4 Residential Care			\$	\$	\$	\$
DD1A Developmental Disabilities		\$	\$	\$	\$	\$
DD1B Developmental Disabilities		\$	\$	\$	\$	\$
DD2 Developmental Disabilities		\$	\$	\$	\$	\$
DD3 Developmental Disabilities		\$	\$	\$	\$	\$
TBI Traumatic Brain Injury	\$	\$	\$	\$	\$	\$
Ventilator Dependent (See Definition)	\$	\$	\$	\$	\$	\$

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

2. Inpatient Days by Age

- Number of inpatient days of service rendered to all residents UNDER AGE 65 in the facility during the reporting period
- Number of inpatient days of service rendered to all residents AGE 65 AND OVER in the facility during the reporting period
- TOTAL** inpatient days of service rendered (include all paid days), to ALL residents in the facility during the reporting period (January 1, 2004, to December 31, 2004), **(2a + 2b = 2c)**
- Average Daily Census (total inpatient days, *line c*, divided by the days of operation, 366 days, or as reported on page 1, item A.1.)
(Round to the nearest whole number, e.g., 34.0 - 34.4 = 34, 34.5 - 34.9 = 35)

E. PERSONNEL

1. Number of personnel employed by the facility. Report the number of personnel *employed* by the facility during the **FIRST FULL TWO-WEEK PAY PERIOD IN DECEMBER**. Include staff on vacation or other paid leave. Each person should be counted only once, in a respective work category. **INCLUDE IN-HOUSE POOL STAFF**. Note any special circumstances at the bottom of the page. If the facility is hospital-based, or operates with a community-based residential facility, include only those personnel (full-time, part-time and part-time hours) providing services to the residents of the nursing facility.

*Note: Part-time hours recorded **MUST** reflect the total number of part-time hours worked by all part-time personnel in the category for those two weeks. For example, if 2 physical therapists each worked 10 hours, there would be 20 part-time hours. DO NOT include "contract staff" hours in the part-time hours column.*

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. DO NOT USE DECIMALS.

EMPLOYEE CATEGORY	Full-time Persons	Part-time Persons		Consultant and/or Contracted Staff (No. of Persons)
		Personnel	Hours	
1. Administrator				
2. Assistant Administrators				
3. Physicians (except Psychiatrists)				
4. Psychiatrists				
5. Dentists				
6. Pharmacists				
7. Psychologists				
8. Registered Nurses				
9. Licensed Practical Nurses				
10. Nursing Assistants/Aides				
11. Certified Medication Aides				
12. Activity Directors and Staff				
13. Registered Physical Therapists				
14. Physical Therapy Assistants/Aides				
15. Registered Occupational Therapists				
16. Occupational Therapy Assistants/Aides				
17. Recreational Therapists				
18. Restorative Speech Personnel Staff				
19. Certified Alcohol and Other Drug Abuse (AODA) Counselor(s)				
20. Qualified Mental Retardation Professional (QMRP) Staff				
21. Qualified Mental Health Professional Staff				
22. Dietitians and Dietetic Technicians				
23. Other Food Service Personnel Staff				
24. Medical Social Workers				
25. Other Social Workers				
26. Registered Medical Records Administrator(s)				
27. Other Medical Records Staff				
28. All Other Health Professional and Technical Personnel				
29. Other Non-health Professional and Non-technical Personnel (e.g., Secretarial, Office Staff, Single Task Worker, etc.)				
30. TOTAL (sum of lines 1 – 29)				

Number of hours in work week?
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

ACCORDING TO S. 50.095(3)(b), WIS. STATS., SECTIONS E.2 & E.3 ARE *REQUIRED* TO BE COMPLETED.

- | DURATION OF SERVICE | Registered Nurses | | Licensed Practical Nurses | | Nursing Assistants/Aides | |
|---------------------------------|-------------------|-----------|---------------------------|-----------|--------------------------|-----------|
| | Full-Time | Part-Time | Full-Time | Part-Time | Full-Time | Part-Time |
| Hired in 2004 | | | | | | |
| a. Less than 6 Months | | | | | | |
| b. 6 Months to less than 1 Year | | | | | | |
| Hired Prior to 2004 | | | | | | |
| c. 1 Year or more | | | | | | |
| TOTAL (3a + 3b + 3c) | | | | | | |

(NOTE: FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE QUESTION 4.)

- (Use the dates of 11/28/04 – 12/11/04 if possible, otherwise, use the first full two-week pay period in December.)*

[illegible]

F. LENGTH OF STAY FOR RESIDENTS ON DECEMBER 31, 2004

Of the total residents in the facility on December 31, 2004, how many have resided in the facility

1. 1 to 30 days? _____
2. 31 days to 99 days? _____
3. 100 days to 180 days? _____
4. 181 days to 364 days? _____
5. Less than 1 year **subtotal (F1+F2+F3+F4)** *
6. 1 Year to less than 2 Years? _____
7. 2 Years to less than 3 Years? _____
8. 3 Years to less than 4 Years? _____
9. 4 Years or more? _____
10. **TOTAL (F5+F6+F7+F8+F9)** **

* **SUBTOTAL MUST** equal the total on Page 14, 6th column.

** **TOTAL MUST** equal the total on Page 10, line 4.

G. SUBACUTE CARE

1. Does the facility have a specialized unit dedicated for residents receiving subacute care? ☐ 1. Yes ☐ 2. No
 - a. If yes, number of beds in unit? (Leave blank if no unit.) _____
 - b. On December 31, 2004, how many residents were in that unit and receiving subacute care? _____
 - c. Is this unit accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing subacute care to your residents? ☐ 1. Yes ☐ 2. No

H. FAMILY COUNCIL

(See State Operations Manual, F25).

1. Does the facility currently have an organized group of family members of residents? ☐ 1. Yes ☐ 2. No
 - If yes, how often does the council meet?
(check only one)
 - ☐ a. Once a week
 - ☐ b. Once a month
 - ☐ c. Once in three months
 - ☐ d. Less than quarterly
 - ☐ e. As often as needed
 - ☐ f. Other (specify) _____

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2004

For each level of care and payer, indicate the number of residents in the facility **ON DECEMBER 31, 2004**, in the appropriate boxes.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	PRIMARY PAY SOURCE						TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL		***					***

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** TOTAL **MUST** equal the total Medicaid Eligible, in the following table.

*** TOTAL **MUST** equal the total on Page 10, line 4.

Note: If residents are listed in any category, provide the corresponding rate on Page 5, #1.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2004

Of the total Medicaid residents in the facility on December 31, 2004, how many became eligible as Medicaid recipients

- At the time of admission?
- Within 1-30 days after admission?
- Within 31 days to 1 year after admission?
- More than 1 year after admission?
- Unknown?
- TOTAL (J1+J2+J3+J4+J5)**

Males	Females	TOTAL
		*

* TOTAL **MUST** equal the total Medicaid residents in the above table.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2003
(As reported on the 2003 survey, Page 10, Line 4.)

2. Admissions during the year from

- a. Private home/apartment with no home health services
- b. Private home/apartment with home health services
- c. Board and care/assisted living/group home
- d. Nursing home
- e. Acute care hospital
- f. Psychiatric hospital, MR/DD facility
- g. Rehabilitation hospital
- h. Other
- i. **Total Admissions** (sum of lines 2.a through 2.h)

3. Discharges during the year to

- a. Private home/apartment with no home health services
- b. Private home/apartment with home health services
- c. Board and care/assisted living/group home
- d. Nursing home
- e. Acute care hospital
- f. Psychiatric hospital, MR/DD facility
- g. Rehabilitation hospital
- h. Deceased
- i. Other
- j. **Total Discharges** (include deaths) (sum of lines 3.a through 3.i)

4. **Persons in the facility on December 31, 2004** (include paid bed holds)
*Note: (Line 1, plus line 2.i, minus line 3.j, **MUST** equal the number reported on line 4.) Ensure that the total on line 4 is consistent with December 31, 2004, totals elsewhere on the survey.*

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission. Indicate the level of care and primary pay source **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2004.**

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	PRIMARY PAY SOURCE OF RESIDENTS ADMITTED DURING THE YEAR						TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL							**

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the following table.

2. Level of Care and Age. Indicate the level of care and age of residents **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2004.**

LEVEL OF CARE	AGE OF RESIDENTS ADMITTED DURING THE YEAR							TOTAL
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	
ISN								
SNF								
ICF-1								
ICF-2								
ICF-3								
ICF-4								
DD1A								
DD1B								
DD2								
DD3								
Traumatic Brain Injury								
Ventilator Dependent								
TOTAL								*

* TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the above table.

M. AGE AND PRIMARY DISABLING DIAGNOSIS FOR RESIDENTS ON DECEMBER 31, 2004

Each resident in the facility must be recorded **ONLY ONCE** in the category that best explains why he/she is in the facility.
The corresponding International Classification of Diseases code is listed after each diagnosis category.

PRIMARY DISABLING DIAGNOSIS (ICD-9 Code)	AGE GROUP							
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	TOTAL
Developmental Disabilities								
Mental Retardation (317-319)								
Cerebral Palsy (343)								
Epilepsy (345)								
Autism (299)								
Multiple Developmental Disabilities								
Other Developmental Disabilities*								
Mental Disorders								
Alzheimer's Disease (331.0, 290.1)								
Other Organic/Psychotic (290-294)								
Organic/Non-psychotic (310)								
Non-organic/Psychotic (295-298)								
Non-organic/Non-psychotic (300-302, 306-309, 311-314, 316)								
Other Mental Disorders (315)								
Physical Disabilities								
Paraplegic (344.1-344.9)								
Quadriplegic (344)								
Hemiplegic (342)								
Medical Conditions								
Cancer (140-239)								
Fractures (800-839)								
Cardiovascular (390-429, 439-459)								
Cerebrovascular (430-438)								
Diabetes (250)								
Respiratory (460-519)								
Alcohol & Other Drug Abuse (303-305)								
Other Medical Conditions**								
TOTAL								***

* Specify the "Other Developmental Disabilities" at the bottom of this page, or attach a separate page to the back of the survey.

** Specify the "Other Medical Conditions" at the bottom of this page, or attach a separate page to the back of the survey.

*** TOTAL **MUST** equal the total on Page 10, line 4.

If a resident is listed in any DD category, but is not shown at a DD Level of Care for their Primary Pay Source on Page 9, I, note the reason at the bottom of this page (e.g., the resident does not require active treatment, (N.A.T.), etc.).

Note: Ensure that the column totals in this table equal the row totals on Page 13, N.

N. AGE AND GENDER OF RESIDENTS ON DECEMBER 31, 2004

Age	Males	Females	TOTAL
19 & under			
20-54			
55-64			
65-74			
75-84			
85-94			
95+			
TOTAL			*

* **TOTAL MUST** equal the total on Page 10, line 4.

Note: Ensure that the row totals in this table equal the column totals on Page 12.

O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS ON DECEMBER 31, 2004

Indicate the number of residents on December 31, 2004, who have the following conditions and/or receive the following services or activities. Residents will be counted in each applicable category. Staff most familiar with resident's care and needs should complete this section (e.g., ward or unit nurse). The following items correspond to items in "Resident Census and Conditions of Residents," Form CMS 672 (10-98).

Activities of Daily Living	Independent	Assistance of One or Two Staff	Dependent	TOTAL
Bathing				*
Dressing				*
Transferring				*
Toilet Use				*
Eating				*

* **TOTAL MUST** equal the total on Page 10, line 4.

Bowel/Bladder Status	Number of Residents	Special Care	Number of Residents
With indwelling or external catheter		Receiving respiratory treatment	
Occasionally or frequently incontinent of bladder		Receiving tracheostomy care	
Occasionally or frequently incontinent of bowel		Receiving ostomy care	
		Receiving suctioning	
Mobility		Receiving tube feedings	
Physically restrained		Receiving mechanically altered diets	
Skin Integrity		Medications	
With pressure sores (excludes Stage 1)		Receiving psychoactive medication	
With rashes		Other	
		With advance directives	

P. COUNTY OF RESIDENCE PRIOR TO ADMISSION: Information on this page is used by the Department of Health and Family Services to calculate county-specific nursing home bed needs and to recommend to the Legislature any changes in nursing home bed needs pursuant to s. 150.31, Wis. Stats.

In the first column, report the county of last private residence prior to entering any nursing home for all residents as of December 31, 2004. In the second column, report the number of residents admitted during 2004 and still residing in the nursing home on December 31, 2004. If the resident did not reside in Wisconsin, report the state of last private residence. **The number of residents reported in the second column CANNOT exceed the number reported in the first column.**

COUNTY	Number of residents on Dec. 31, 2004	Number admitted in 2004 and still a resident on Dec. 31	COUNTY	Number of residents on Dec. 31, 2004	Number admitted in 2004 and still a resident on Dec. 31
Adams			Monroe		
Ashland			Oconto		
Barron			Oneida		
Bayfield			Outagamie		
Brown			Ozaukee		
Buffalo			Pepin		
Burnett			Pierce		
Calumet			Polk		
Chippewa			Portage		
Clark			Price		
Columbia			Racine		
Crawford			Richland		
Dane			Rock		
Dodge			Rusk		
Door			St. Croix		
Douglas			Sauk		
Dunn			Sawyer		
Eau Claire			Shawano		
Florence			Sheboygan		
Fond du Lac			Taylor		
Forest			Trempealeau		
Grant			Vernon		
Green			Vilas		
Green Lake			Walworth		
Iowa			Washburn		
Iron			Washington		
Jackson			Waukesha		
Jefferson			Waupaca		
Juneau			Waushara		
Kenosha			Winnebago		
Kewaunee			Wood		
LaCrosse			LEGAL RESIDENCE OTHER THAN WISCONSIN		
Lafayette			Illinois		
Langlade			Iowa		
Lincoln			Michigan		
Manitowoc			Minnesota		
Marathon			Other		
Marinette			TOTAL	*	**
Marquette			<i>* TOTAL MUST equal the total on Page 10, line 4. ** TOTAL MUST equal Page 8, line 5.</i>		
Menominee					
Milwaukee					

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2004

1. Of the residents on December 31, 2004, how many were placed under Chapter 51?
2. Of the residents on December 31, 2004, how many had a court-appointed guardian?
3. Of the adult residents on December 31, 2004, how many were protectively placed by court order under the Protective Services Act (Chapter 55, Wis. Stats.)?
4. Of the residents on December 31, 2004, how many had an **activated** power of attorney for health care?

Person responsible for completing this form
(**This is who will be contacted if further information is required.**)

Contact person's area code/telephone number EXT:

Area code/Fax number

Email Address

Nursing home's area code/telephone number
(**This number will be published in the Nursing Home Directory.**)

Does the facility have Internet access? ☐ 1. Yes ☐ 2. No

If you are the contact person for *another* nursing home, list the name, city and license number of that facility below.

Name

City

License Number

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (**type or print**)

SIGNATURE - Administrator

Date signed

FOR OFFICE USE ONLY			
COUNTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POPID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BQADISTR			<input type="checkbox"/>

2004 ANNUAL SURVEY OF NURSING HOMES INSTRUCTIONS AND DEFINITIONS

General Instructions

1. Facilities that do not meet the requirements of Section 1.173 of the Medicaid Nursing Home Methods of Payment will have payment rates reduced according to the following schedule:
 - 25% for cost reports, occupied bed assessments and/or annual surveys between 1 and 30 days overdue.
 - 50% for cost reports, occupied bed assessments and/or annual surveys between 31 and 60 days overdue.
 - 75% for cost reports, occupied bed assessments and/or annual surveys between 61 and 90 days overdue.
 - 100% for cost reports, occupied bed assessments and/or annual surveys more than 90 days overdue.The number of days overdue shall be measured from the original due date, without extension, of the cost report, occupied bed assessment and/or nursing home survey. The rates will be retroactively restored once the cost report, occupied bed assessment and/or nursing home survey is submitted to the Department.
2. Report all data for a 12-month period, ending December 31, 2004, regardless of changes in admission, ownership licensure, etc.
3. All resident utilization data (inpatient days, resident counts, etc.) MUST reflect residents to whom beds are assigned even if they are on a temporary visit home.
4. Do not include as an admission or a discharge, a resident for whom a bed is held because of a temporary visit home.
5. Notation of resident count consistency checks appear throughout the survey. Differences found may require a follow-up phone call.
6. If answers cannot be typed, print the answers legibly.

Definitions for Specific Sections

B. SERVICES

1. Services to non-residents: Check the box for each service provided by the facility to persons who are not residents of the facility.
 - a. Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.
 - b. Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.
 - c. Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.
 - d. Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular caregiver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.
 - e,f. Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Benefits include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.
 - g. Congregate Meals: Meals provided to persons in supportive service settings in order to promote socialization, as well as adequate nutrition. Nutrition education is an integral but subordinate part of this program.

- h. Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.
 - i. Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.
 - k. Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.
8. Hospice services to non-residents: Focuses on dying at home as an alternative to aggressive medical care in a hospital. It helps the resident and the resident's family cope with dying by offering support services.
10. a. Locked Unit: A ward, wing or room which is designated as a protective environment and is secured in a manner that prevents a resident from leaving the unit at will. A facility locked for purposes of security is not a locked unit, provided that residents may exit at will.

C. UTILIZATION INFORMATION

- 1. Beds Set Up and Staffed: Report the number of beds which are immediately available for occupancy and for which staff have been allocated.
- 2. Licensed Bed Capacity: Report the number of beds for which license application has been made and granted by the Division of Supportive Living.

D. RESIDENT INFORMATION

- 1. Level of Care and Method of Reimbursement: Complete the table by reporting the per diem rate in the appropriate level of care and payer box. If per diem rates vary for residents at the same level of care and pay source, report an average per diem rate.

Managed Care: Managed care is a type of health insurance plan. It generally charges a per person month premium regardless of the amount of care provided. They may also have certain co-payments and deductibles that members may have to pay. Generally, the managed care program assumes the risk for any services that they authorize for a given enrollee. All care and services are generally provided by providers that work or are under contract to the managed care organization.

ISN - Intensive Skilled Nursing Care: ISN is defined as care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SNF - Skilled Nursing Care: SNF is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: ICF-1 is defined as professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illness or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: ICF-2 is defined as simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: ICF-3 is defined as personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: ICF-4 is defined as care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: DD1A care level is defined as all developmentally disabled residents who require active treatment whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: DD1B care level is defined as all developmentally residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health or welfare.

DD2 Care Level: DD2 care level is defined as moderately retarded adults who require active treatment with an emphasis on communication and activities of daily living functional skills training.

DD3 Care Level: DD3 care level is defined as mildly retarded adults who require active treatment with an emphasis on attaining social, domestic and vocational skills and refining communication skills.

Traumatic Brain Injury (TBI): Resident in the age group of 15-64 years, who has incurred a recent closed or open head injury with or without injury to other body regions. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: Resident who is dependent on a ventilator for 6 or more hours per day for his or her respiratory condition. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

E. PERSONNEL

1. For each category on Page 6, report the number of full-time, part-time and contracted staff. In the hours column, **report hours for part-time staff only**, for the first full two-week pay period in December. If the facility operates with a hospital, prorate staff and hours for the nursing home unit. Staff, hours and consultants **MUST** be rounded to the nearest whole number.
4. Direct Care: Nursing and personal care provided by a Director of Nursing, Assistant Director of Nursing, Registered Nurse, Licensed Practical Nurse or a Nurse Aide to meet a resident's needs.

Registered Nurse: A nurse who is licensed under s. 441.06 or has a temporary permit under s. 441.08. [s. 50.01(5r), Wis. Stats.].

Licensed Practical Nurse: A nurse who is licensed under s. 441.10 or has a temporary permit under s. 441.10(e), [s. 50.01(1w), Wis. Stats.].

Nurse Aide: A person on the Nurse Aide Directory who performs routine direct patient care duties delegated by a RN or LPN. In federally-certified facilities, Nurse Aides must not have a substantiated finding, and must have worked in a health care setting under RN or LPN supervision for a minimum of 8 hours in the prior 24 months.

Other Direct Care Nurse Aide: A person on the Nurse Aide Directory who works primarily under a different job title. Their hours are counted for state staffing requirements only when providing direct resident care.

G. SUBACUTE CARE

1. A comprehensive inpatient program designed for the individual who has had an acute event as a result of an illness, injury, or exacerbation of a disease process; has a determined course of treatment; and does not require intensive diagnostic and/or invasive procedures.

H. FAMILY COUNCIL

- 1a. *Active* is defined as if the facility currently has an organized group of family members of residents, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other; to plan resident and family activities; to participate in educational activities or for any other purpose.

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2004

See RESIDENT INFORMATION, pages 17 & 18, for definitions of DD levels.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2004

Report the number of Medicaid residents, in the facility on December 31, 2004. Entries made here **MUST** reflect the correct period of time during which the resident became eligible for Medicaid coverage.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2003: Report residents on December 31st, 2003, (rather than January 1st, 2004), in order to eliminate discrepancies in this one-day count of residents. The December 31st, 2003 count **MUST** include residents admitted and discharged up until midnight and **MUST** match the figure reported on the 2003 Annual Survey of Nursing Homes, Page 10, line 4.
2. Admissions: Number of residents formally admitted for inpatient services during the calendar year. Do not include persons returning to the facility from a temporary visit home (see LTC RAI User's Manual, Page 3-2), or hospital stay when return to the nursing facility is expected. If an individual was formally admitted more than once during the calendar year, count each occurrence as a separate admission.
3. Discharges: Number of residents formally discharged from inpatient services during the calendar year. This includes discontinuation of inpatient service that would require a new admission to return to the facility. Do not include persons on a temporary visit home (see LTC RAI User's Manual, Page 3-2). If an individual was formally discharged, more than once during the calendar year, count each occurrence as a separate discharge.

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission: Report the number of residents who were admitted during 2004. Entries made here **MUST** be the resident's level of care and primary pay source at the time of admission.
2. Level of Care and Age: Report the number of residents who were admitted during 2004. Entries made here **MUST** be the resident's level of care and age at the time of admission.

M. AGE AND PRIMARY DISABLING DIAGNOSIS

Report the age and primary disabling diagnosis for residents in the facility on December 31, 2004. Count each resident only once.

Primary Disabling Diagnosis Definitions

DEVELOPMENTAL DISABILITIES: Disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or another condition closely related to mental retardation or requiring treatment similar to that required by mentally retarded individuals, which has continued or can be expected to continue indefinitely, substantially impairs the individual from adequately providing for his/her own care and custody, and constitutes a substantial handicap to the afflicted individual.

Mental Retardation (ICD-9 317-319): Subnormal general intellectual development, originating during the developmental period, and associated with impairment of learning, social adjustment and/or maturation. The disorder is classified according to intelligence quotient as follows:

68-83:	borderline
52-67:	mild
36-51:	moderate
20-35:	severe
under 20:	profound

Cerebral Palsy (ICD-9 343): A persisting qualitative motor disorder appearing before the age of three years due to non-progressive damage to the brain.

Epilepsy (ICD-9 345): Paroxysmal, transient disturbances of brain function that may be manifested as episodic impairment or loss of consciousness, abnormal motor phenomena, psychic or sensory disturbances, or perturbation of the autonomic nervous system. Four subdivisions are recognized:

Grand Mal
Petit Mal
Psychomotor Epilepsy
Autonomic Epilepsy

Autism (ICD-9 299): Condition of being dominated by subjective, self-centered trends of thought or behavior that are not subject to correction by external information.

Multiple Developmental Disabilities: Combination of more than one of the above.

Other Developmental Disabilities: Any residual developmental disabilities and Dyslexia (an inability to read understandingly due to a central lesion).

MENTAL DISORDERS:

ICD-9 331, 290.1-Alzheimer's Disease

Organic/Psychotic ICD-9 290-Senile dementia (excluding 290.1)
ICD-9 291-Alcoholic psychoses
ICD-9 292-Drug psychoses
ICD-9 293-Transient organic psychotic conditions
ICD-9 294-Other organic psychotic conditions (chronic)

Organic/
Non-psychotic ICD-9 310-Specific non-psychotic mental disorders due to organic brain damage

Non-organic/
Psychotic ICD-9 295-Schizophrenic disorders
ICD-9 296-Affective psychoses
ICD-9 297-Paranoid states
ICD-9 298-Other non-organic psychoses

Non-organic/
Non-psychotic ICD-9 300-Neurotic disorders
ICD-9 301-Personality disorders
ICD-9 302-Sexual deviations and disorders
ICD-9 306-Physiological malfunction arising from mental factors
ICD-9 307-Special symptoms or syndromes, not elsewhere classified
ICD-9 308-Acute reaction to stress
ICD-9 309-Adjustment reaction
ICD-9 311-Depressive disorder, not elsewhere classified
ICD-9 312-Disturbance of conduct, not elsewhere classified
ICD-9 313-Disturbance of emotions specific to childhood and adolescence
ICD-9 314-Hyperkinetic syndrome of childhood
ICD-9 316-Psychic factors associated with diseases classified elsewhere

Other Mental
Disorders ICD-9 315-Specific delays in development

PHYSICAL DISABILITIES:

Paraplegic (ICD-9 344.1-344.9): A person with motor and sensory paralysis of the entire lower half of the body.

Quadriplegic (ICD-9 344.0): A person totally paralyzed from the neck down.

Hemiplegic (ICD-9 342): A person paralyzed on one side of the body.

MEDICAL CONDITIONS: Diseases of the nervous system, cardiovascular system, respiratory system, gastrointestinal system, locomotor system, or persons with dermatological problems, hematological problems, metabolic and hormonal disorders, or with a combination of the aforementioned conditions or other medical diagnoses.

Alcohol and Other Drug Abuse (ICD-9 303-305): A person who uses alcohol and/or other drugs to the extent that it Interferes with or impairs physical health, psychological functioning, or social or economic adaptation; including, but not limited to, occupational or educational performance, and personal or family relations. Includes persons defined as "alcoholics," persons who need ever-larger amounts of alcohol to achieve a desired effect; persons lacking self-control in alcohol use; or persons who exhibit withdrawal symptoms when they cease alcohol consumption.

O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS: Report the number of residents on December 31, 2004, who have these conditions. Residents **MUST** be counted in each category that applies.

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2004

1. Chapter 51: Mental Health Act. To provide treatment and rehabilitative services for all mental disorders and developmental disabilities and for mental illness, alcoholism and other drug abuse. 51.42 Board established under this chapter, at the county level, to provide integrated services to DD, MI and AODA. 51.437 Board established under this chapter, at the county level, to provide services to developmentally disabled.
2. Guardians: An adult for whom a guardian of the person has been appointed by a circuit court under Chapter 880 because of the subject's incompetency.
3. Chapter 55: Protective Services Act. Court. (i.e., judge) formally ordered protective placement for institutional care of those who are unable to adequately care for themselves due to infirmities of aging.
4. Activated Power of Attorney: An individual's power of attorney for health care takes effect ("activated") "upon a finding of incapacity by 2 physicians, or one physician and one licensed psychologist, who personally examine the principal and sign a statement specifying that the principal has incapacity." (s. 155.02 (2), Wis. Stats.)

***If you have any questions, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055),
Lu Ann Hahn (608-266-2431) or Kim Voss (608-267-1420).***

Thank you for your cooperation.

